

Adult Day Health Program Standards
Suggested Checklist for Monitoring Against the Program Standards

Eligibility/Funding (Attachment I)			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
Persons served with Title III funds are age 60 or over.			
Persons served with SCSA funds are age 60 or over and meet all SCSA eligibility requirements.			
SCSA and SGF-funded persons with incomes over 40% SMI pay the amount indicated by the sliding fee scale.			
Persons served with SGF funds are age 60 or over and meet all SGF eligibility requirements.			
Persons served with Title XIX funds are age 18 or over and have been determined categorically needy and certified to receive Title XIX benefits			
<i>Comments on Eligibility/Funding</i>			

Part II: Target Population			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
The program has defined its target population considering the needs of the participants and availability, frequency, and intensity of services.			
The program is not serving participants whose needs exceed available resources or those served more appropriately in a less structured setting.			
The program considers not only the scope of services they will provide but also the level of service intensity.			
Eligible participants include:			
Those who have physical, cognitive, and/or psychosocial impairments.			
Those capable of being transported.			
Those capable of benefiting from socialization, structure/ supervised programs, or group-oriented programs.			
In the defined target population, one or more of the following groups of individuals are included: (A) Adults with physical, psychosocial, or mental impairments who require assistance and supervision, such as:			
1. Persons who have few or inadequate support systems;			
2. Persons who require assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs).			
3. Persons with physical problems that require health monitoring and supervision and/or intervention on a regular basis;			
4. Persons with emotional problems that interfere with ability to cope on a daily basis;			
5. Persons with memory loss and cognitive impairment that interfere with daily functioning;			
6. Persons with developmental disabilities;			
7. Persons who require assistance in overcoming the isolation associated with functional limitations or disabilities;			
8. Persons whose family and/or caregiver need respite care.			
(B) Adults who need rehabilitative services (including restorative and maintenance) in order to restore or maintain the optimum level of functioning, such as:			
1. Persons recently discharged from hospitals or nursing homes;			
2. Persons needing therapy, due to some chronic disability, to adjust to their limitations and learn adaptive skills;			

Part II: Target Population			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
3. Persons who, without program intervention, are at risk of premature institutionalization because of physical deterioration or psychological condition;			
4. Persons who need support in making the transition from, independent living to group care (i.e., adult family homes, congregate care facilities) or in making the transition from group care to independent living.			
(C) Adults who require services provided by or under the supervision of a licensed nurse, such as:			
1. Assessment;			
2. Supervision or administration of medications and observation of their effects;			
3. Treatment;			
4. Health education and training in self care;			
5. Training in activities of daily living (ADLs);			
6. Assistance in ADLs.			
The program has a written policy on participants who are appropriate and those who may not be appropriate for enrollment, including policies giving priority to persons living in their own homes or independent living situations.			
All participants are members of the target population.			
All participants meet the vulnerability criteria listed in Attachment I.			
<i>Comments on Target Population</i>			

Part III: Administration and Organization			
Standard	Yes	No	N/A
A. Governing Board			
The program is independently owned and has full legal authority to operate.			
B. Advisory Committee			
The program has a body that serves in the capacity of an advisory committee.			
The program is part of a multi-function organization, and a committee or subcommittee serves as the advisory committee.			
The program is a single-purpose organization and the governing body fulfills the functions of an advisory committee.			
The advisory committee meets quarterly or at least twice a year.			
The advisory committee is representative of the community and includes family members of current and past participants as well as non-voting staff representatives. Recommended.			
Comments on Governing Board and Advisory Committee			

Part III: Administration and Organization			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
C. A Written Plan of Operation			
The governing body has a written plan of operation that is current and inclusive of all the program elements detailed in the Standards.			
The plan is reviewed annually and approved, and, if necessary, revisions can be made at the time of review.			
<i>Comments on Written Plan of Operation</i>			

Part III: Administration and Organization			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
D. A Written Emergency Plan			
A written plan for handling emergencies is in effect for the program and has been posted at the program facility and on center- <i>owned</i> vehicles.			
Training has been provided to the program to ensure smooth implementation of the plan in an emergency.			
At least one staff member trained in CPR and first aid is present at all times during clients' attendance at the program facility.			
<i>Comments on Written Emergency Plan</i>			

Part III: Administration and Organization			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
E. Lines of Supervision and Responsibility			
There is a clear division of responsibility between the governing body and the Adult Day Health administrator.			
The appointed administrator has full authority and responsibility to plan, staff, direct, and implement the program.			
The administrator has responsibility for establishing collaborative relations with other community organizations.			
The administrator or designee is on-site to manage the program's day-to-day operations during business hours.			
When the program administrator is responsible for more than one site, a program director responsible to the administrator has been designated for each additional site.			
When the program administrator has duties not related to program administration or service provision, a program director who reports to the administrator has been designated for the Adult Day Health program.			
An organizational chart has been developed and provided to all staff.			
<i>Comments on Lines of Supervision and Responsibility</i>			

Part III: Administration and Organization			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
F. Fiscal Policies and Procedures			
The program uses generally accepted principles of accounting in all its financial transactions.			
Fiscal policies, procedures, and records have been developed to enable the administrator to meet the reporting needs of the governing body.			
A plan developed by the governing body to address future financial needs includes the following elements:			
— Projected program growth			
— Capital purchases			
— Projected revenue			
— Projected expenses			
— Plans for fund-raising			
<i>Comments on Fiscal Policies and Procedures</i>			

Part III: Administration and Organization			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
G. Quality Improvement			
The governing body has developed a quality improvement plan with specific measurable objectives that is designed to meet the requirements of licensing and funding sources as well as professional standards.			
With the advice of the interdisciplinary staff team and advisory committee, the program administrator has developed policies and procedures for monitoring program quality and determining further action to be taken when appropriate.			
The policies and procedures have been approved by the governing body.			
<i>Comments on Quality Improvement</i>			

Part III: Administration and Organization			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
H. Personnel Policies and Practices			
A written job description for each staff position specifies:			
1. qualifications for the job			
2. delineation of tasks			
3. lines of supervision and authority			
Each employee has received, reviewed, and signed a copy of his or her job description at the time of employment.			
Volunteers who function as staff have also been provided with written job descriptions.			
Orientation is provided for new employees and volunteers.			
All staff and volunteers receive regular in-service training and staff development that meets their individual needs, and this training is documented in their personnel records.			
Probationary and annual performance evaluations in accordance with job descriptions have been conducted and conform to the funding policy or parent organization.			
Performance evaluations signed by both the employee and immediate supervisor are reviewed by staff members and copied for secured personnel files.			
Each employee receives and reviews a copy of personnel policies at the time of employment.			
Each staff member has an individual file containing the following:			
1. worker's qualifications			
2. verification of training completed			
3. signed job description			
4. performance evaluations			
5. copy of current license or certificate			
6. certification of CPR training and first aid if applicable			
All applicable personnel policies pertain to volunteers who function as staff.			
The program conforms to federal and state labor laws; complies with equal opportunity guidelines; and adheres to federal and state employment regulations.			

Part III: Administration and Organization			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
H. Personnel Policies and Practices			
<i>Comments on Personnel Policies</i>			

Part III: Administration and Organization			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
I. Participant Policies			
Written participant policies define:			
— the target population			
— admissions criteria			
—discharge criteria			
—medication policy			
—participant rights			
—fee schedule			
— confidentiality			
—grievance procedures			
—staff/participant ratios			
Other policies in effect cover the following issues:			
<p>1. A non-discrimination policy protects individuals from exclusion from and denial of benefits of the program on the grounds of age, race, color, sex, religion, or national origin, creed, marital status, Vietnam era or disabled veteran's status, or sensory, physical, or mental handicap.</p> <p>Specific individual behaviors that cannot be managed in the program have been delineated, and individuals may be excluded who exhibit these behaviors.</p>			
<p>2. A participant Bill of Rights has been developed, posted, distributed to, and explained to participants, families, staff, and volunteers in the language understood by each person.</p>			
<p>3. Written procedures have been developed if a participant becomes ill or is injured in the program. These procedures have been posted in at least one visible location and have been explained to staff, volunteers, and participants.</p> <p>These procedures describe arrangements for hospital inpatient and emergency room service as well as directions for securing ambulance transportation.</p>			

Part III: Administration and Organization			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
I. Participant Policies			
4. Mentally alert participants who are required to take medications are encouraged and expected to bring, keep, and take their own medications. If necessary, participants are reminded to take their medications.			
Participants who must have prescribed medicine administered must have a written authorization from the participant's physician stating that the medication is to be administered at the facility and identifying the person responsible for administering it, either ____ a registered nurse or ____ a licensed practical nurse.			
Written medication procedures describe			
a) How medications will be stored.			
b) Under what conditions center staff will administer medications and the names of staff legally able to administer medications.			
c) How medications brought to the facility by a participant must be labeled.			
d) How general medications such as aspirin or laxatives are to be used.			
e) How the use of medications will be entered in participant's case records.			
<i>Comments on Participant Policies</i>			

Part III: Administration and Organization			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
J. General Record Policies			
The participant record system ensures confidentiality and at a minimum includes:			
1. a permanent registry of all participants with dates of admission and discharge;			
2. a written policy on confidentiality and the protection of records that defines procedures for their use and removal and conditions for release of information in the records;			
3. a written policy on conditions requiring written authorization by the participant or the legally responsible party for release of appropriate information not otherwise authorized by law;			
4. a written policy providing for the retention and storage of records for at least five (5) years (or in accordance with state or local requirement) from the date of the last service to the participant;			
5. a written policy on retention and storage of records in the event the center discontinues operation (depending on the requirements of funding sources);			
6. a policies and procedures manual governing the record system and procedures for agency staff;			
7. maintenance of records on the agency's premises in secure storage area;			
8. notes and reports in the participant's record that are typed or legibly written in ink, dated, and signed by the recording person with title.			
<i>Comments on General Record Policies</i>			

Part III: Administration and Organization			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
K. Individual Participant Records Policies			
Written participant policies define, at a minimum:			
1. application and enrollment forms;			
2. medical history and functional assessment (initial and ongoing);			
3. plan of care (initial and reviews) and revisions;			
4. fee determination form;			
5. service contract;			
6. signed authorizations for releases of medical information and photos, as appropriate;			
7. signed authorizations for participant to receive emergency medical care if necessary;			
8. correspondence;			
9. attendance and service records;			
10. transportation plans;			
11. where appropriate: medical information form; documentation of physicians' orders, physical exams; treatment, therapy, and medication notes;			
12. progress notes, chronological and timely;			
13. where appropriate: discharge plan and summary;			
14. current photograph of client;			
15. emergency contacts;			
16. signed statement that participant or legal representative has read the policies of the Center with respect to the Patient Self-Determination Act of 1990;			
17. Any chemical and/or physical restraints must be ordered by physician and must meet provisions for use as determined by accepted standards of practice.			
<i>Comments on Individual Participant Records Policies</i>			

Part III: Administration and Organization			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
L. Administrative Records			
Administrative records include::			
1. personnel records (including training);			
2. fiscal;			
3. statistical;			
4. government-related (funding sources/regulatory)			
5. contracts;			
6. organizational;			
7. results of Quality Improvement Plan which could include annual evaluation, utilization review, or care plan audit;			
8. board and advisory group meeting minutes;			
9. certifications of fire and health inspections;			
10. incident reports;			
11. written plan of operation;			
12. emergency plan;			
13. criteria for participant termination.			
<i>Comments on Administrative Records</i>			

Part III: Administration and Organization			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
M. Community Relations			
The program has a method for informing the public about long-term care, adult day health, and the program's services.:			
Participants and their families are made aware of community agencies for financial, social, recreational, educational, and medical services.			
Program staff has established linkages with other community agencies and institutions to coordinate services and begin to form service networks.			
<i>Comments on Community Relations</i>			

Part IV: Level I Core Services			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
All Level I core services are offered at this time.			
The intensity of the services are modified to meet the functional need of the participants.			
Each core service is addressed during the care planning process.			
The program maintains the space, materials, and equipment necessary to provide the core services and to protect the privacy of the participants.			
A. Service Plan			
Each individual has received an assessment of needs, and a written plan of care has been developed on the basis of needed and available services.			
During the process of assessment and care planning, the following steps have been completed, but not necessarily in the order shown here:			
1. <u>Intake Screening</u> has been completed for each participant, and those for whom the program is not appropriate were referred to other community agencies.			
2. <u>Pre-admission Screening</u> has been completed for each participant, either at home or at the facility. The applicant and family have had at least one personal interview with a staff member.			
3. <u>Interdisciplinary Team Assessment</u> in writing for each participant has been compiled by professionals from each core service, using an assessment instrument approved by the State Aging and Adult Services Administration.			
The assessment includes data gathered at the time of intake plus information obtained from other agencies as part of their client assessment.			
The assessments were completed within ten (10) days of initial attendance. The assessments identify individual strengths and needs as well as determination of ways the program can best serve each participant.			
A current medical report (based upon examinations completed within one year prior to admission) is on file for each participant and includes diagnosis, medication, other treatment recommendations, and notification of the presence of communicable diseases. If medical reports have been waived for certain participants, reasons for the waiver are included in those files.			

Part IV: Level I Core Services			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
For Title XIX participants, the Medical Report has been signed and dated by participant's physician within the last three months.			
Each participant has a physician to contact in the event of an emergency and for ongoing care, unless an exception is necessary.			
Where an exception has been made, there is a signed statement by the participant giving the reasons for refusing to have a physician or for not allowing the physician to share medical information with program staff. The statement also recognizes the risk of program involvement without an attending physician or medical information.			
4. <u>Written Individual Plan of Care</u> is on file for each participant reflecting the strengths, needs, and problems which have been included in the team assessment:			
a) measurable and achievable objectives;			
b) services to be provided to individual participants;			
c) and staff responsible for those services.			
Each individual plan of care includes;			
a) identified service needs;			
b) time-limited goal(s) and objectives of care;			
c) services to be provided by the program and by other sources to achieve the goal(s) and objectives;			
The participant, family/caregiver and other service providers have been given the opportunity to contribute to the development, implementation, and evaluation of individual care plans. The attending physician is included in plan development for Title XIX participants.			
The care plans are completed by the time the participants have received fifteen (15) days of service and forwarded to the attending physician within one week of completion.			
5. <u>Coordination of Care.</u> The need for coordination of care is considered for each participant. When coordination of care is necessary and the participant is a client of another agency, the care plan reflects that the services provided by that agency have been considered in plan development.			
6. <u>Service Documentation.</u> Progress notes on each participant are written on a regular basis			

Part IV: Level I Core Services			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
◇ <i>Monthly</i> for those receiving Level I core services,			
◇ <i>Weekly</i> for those receiving Level II and III specialty services and for Title XIX participants.			
Treatment notes and notes on significant events are recorded in ink, dated, and signed according to professional standards.			
7. <u>Reassessments</u> of care plans , ongoing comprehensive functional assessments, and evaluation of goals and approaches shaping the plan of care are done when needed—but at least:			
◇ <i>semi-annually</i> for participants receiving Level I services			
◇ <i>quarterly</i> for participants receiving Level II and III services and for Title XIX participants			
8. <u>Discharge Plans</u> , when appropriate for the participant, include:			
a) a discharge summary, including recommendations for continuing care;			
b) referrals to community service agencies for appropriate services;			
c) follow-up when appropriate.			
Each participant and family/caregiver receive <i>a minimum of two weeks</i> notice if the participant is to be discharged from the program.			
The immediate discharge of an individual is provided for if sudden changes in condition make participation a danger to self and others;			
Written criteria for termination from the program is given to participants and family/caregivers on admission.			

Part IV: Level I Core Services			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
<i>Comments on the Service Plan</i>			

Part IV: Level I Core Services			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
B. Personal Care			
Personal care is offered at the program facility and includes assistance and supervision with activities of daily living (walking, eating, grooming, toileting, and, when appropriate and available, bathing)..			
<i>Comments on Personal Care</i>			

Part IV: Level I Core Services			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
C. Health Monitoring			
Health monitoring is offered at the program facility and is provided by a registered nurse who ____ serves the facility as a consultant; or who is ____ hired part-time or full-time by the program.			
Some health monitoring services, such as personal care, are delegated to assistants trained and supervised by the registered nurse.			
The program offers the following health monitoring services at the facility:			
Baseline information on participants' health status, including vital signs, weight, and dietary needs			
Personal care policies and procedures and training for staff in their implementation			
Liaison with the participant's personal physician and caregiver, notifying them of any changes in participant's health status			
Assistance as necessary with coordination of health services provided outside the center			
Staff training and supervision in the use of standard protocols for communicable diseases and infection control			
Annual updating of participant's medical record			
Follow-through on pre-established bowel and bladder program			
Reminders for participants to take medications			
Provision of modified diets			
<i>Comments on Health Monitoring</i>			

Part IV: Level I Core Services			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
D. Social Services			
Social Services are provided to participants and their families according to the needs ad identified in the social assessment and interdisciplinary plan of care by ____ center staff with adequate training and experience; or ____an outside consultant with adequate training and experience. These services include:			
1) Gathering basic information regarding formal and informal support systems, mental and emotional status, community and financial resources, and caregiver data			
2) Referrals to other providers for services not provided by the program and coordination of all services			
3) Advocacy through asserting and safeguarding human and civil rights of participants			
4) Discharge planning and assistance in transition and followup			
5) Information and referral for those not appropriate for the program			
<i>Comments on Social Services</i>			

Part IV: Level I Core Services			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
E. Therapeutic Activities			
Are provided at the program facility as an integral part of the total plan of care			
Activities planning emphasizes strengths and abilities which contribute to the participant's feelings of competence and accomplishment			
A balance of purposeful activities meets the participant's interrelated needs and interests and provides for each person to participate at his/her optimal level. Progress is stressed according to individual pace.			
Holistically designed activities promote personal growth and enhance self-image and/or improve or maintain the functioning level of participants.			
Program considers individual differences in health status, lifestyle, ethnicity, religious affiliation, values, experiences, needs, interests, abilities, and skills through opportunities for a variety of types and levels of involvement.			
Participants encouraged but not required to take part in activities; reasons for non-participation are evaluated to determine whether personal preference or a change in activity is indicated.			
Time is allowed for rest and relaxation and personal care.			
Planned activities are available whenever the program facility is in operation, and a calendar of activities is posted in a visible place.			
The activities schedule is coordinated with other services.			
Activity schedules are kept on file for <i>six months</i>			
<i>Comments on Therapeutic Activities</i>			

Part IV: Level I Core Services			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
F. Nutrition and Modified Diets			
A minimum of one meal constituting an older adult's daily nutritional requirement as established by state and federal regulations is provided at the program facility daily.			
Modified diets are available for participants who need them.			
Snacks and fluids are offered as appropriate to meet the participants' nutritional and liquid needs.			
Participants whose dietary requirements cannot be accommodated are not admitted to the program.			
If the program is able to admit applicants with special dietary needs, it provides special diabetic, low-salt diets and/or texture modified meals ordered by the participants' physicians and included in the plan of care.			
Food substitutions are of comparable nutritional value.			
<i>Comments on Nutrition and Modified Diets</i>			

Part IV: Level I Core Services			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
G. Transportation			
The program ____ assists in arranging transportation or ____ contracts for transportation for persons, including those with disabilities, to attend the program and participate in program-sponsored outings.			
All program-provided and contracted transportation systems meet local, state, and federal regulations.			
No transportation is provided for Title XIX participants.			
<i>Comments on Transportation</i>			

Part IV: Level I Core Services			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
H. Emergency Care for Participants			
A written procedure for handling emergencies is posted at the program facility and includes:			
1) a written agreement with the participant or family regarding emergency care and ambulance transportation;			
2) written procedure for medical crises;			
3) an easily located portable file on each participant listing physician's name and telephone number; caregiver and emergency names and phone numbers; current diagnosis, medications, allergies; and hospital preference;			
4) a written procedure for advanced directives meeting state and federal guidelines.			
<i>Comments on Emergency Care</i>			

Part V: Level II Services			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
In providing these additional services, the program maintains professional standards of provision and supervision.			
An assessment tool approved by AASA is used for all participants who receive expanded services in order to determine the appropriate level of care and services.			
The program offering Level II services provides the cores services as detailed in Part IV of the Standards.			
Level II services provided by the program include the following:			
A. Nursing Services			
The following Level II nursing services are provided by a registered nurse:			
1. administer and document medications and observe for possible adverse reaction;			
2. supervise the administration of oxygen;			
3. supervise the provision of modified and therapeutic diets or supplemental feedings;			
4. provide observation, monitoring, and intervention for unstable medical conditions;			
5. monitor vital signs and weight;			
6. provide training in self-administration of medications;			
7. provide restorative or rehabilitative nursing;			
8. provide supportive nursing such as general maintenance care of colostomy and ileostomy, application of dressings involving prescription medication and aseptic techniques; foot and nail care; supervise routine skin inspection of incontinent participants;			
9. provide for regular inspection of drug storage conditions;			
10. provide any other direct nursing service requiring intermittent skilled nursing treatment;			
11. supervise or provide maintenance therapy procedures;			
12. provide health education and counseling.			
<i>Comments on Nursing Services</i>			

Part V: Level II Services			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
B. Psychosocial Services			
The following Level II psychosocial services are provided by ____ a person with a Master's degree in Social Work or Counseling; or ____ a person with a Bachelor's degree in Social Work under the supervision of a person with an MSW or Master's degree in Counseling;			
1. assess for signs of mental illness (depression, suicidal ideation, psychosis, or other forms of decompensation) and refer to psychiatry, mental health professionals, or crisis clinic as appropriate;			
2. assess for signs of dementia and make appropriate referrals;			
3. assess for signs of abuse and/or neglect and make appropriate referrals;			
4. assess for signs of alcohol/substance abuse and refer to Alcoholics Anonymous, inpatient treatment, or outside counseling, as appropriate;			
5. follow-up with recommended treatment plans;			
6. provide brief, intermittent supportive counseling.			
<i>Comments on Psychosocial Services</i>			

Part V: Level II Services			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
Level II Occupational Therapy services are provided in the program by ____ an occupational therapist or ____ a rehabilitation aide or certified occupational assistant under the supervision of an occupational therapist. These services are provided ____ directly or ____ through contractual arrangement. The services include, but are not limited to, the following:			
1. administer basic evaluation to determine baseline level of functioning, ability to transfer, range of motion, balance, strength, and coordination;			
2. teach participants adaptive techniques to overcome barriers and impediments in activities of daily living;			
3. train other staff in the use of therapeutic, creative, and self-care activities to improve or maintain the participant's capacity for self-care and independence and increase the range of motion, strength, and coordination;			
4. train participant in the use of supportive and adaptive equipment and assistive devices;			
5. establish a maintenance program when needed to prevent deterioration and provide written and verbal instructions to staff and the family/caregiver to assist the participant with implementation;			
6. make necessary referrals to occupational and/or physical therapist when client has potential to improve functioning.			
<i>Comments on Occupational Therapy Services</i>			

Part VI: Level III Services			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
The program provides more intensive medical and/or therapeutic services than those offered as Level II services but provides Level II services and the core services as well. Level III services are provided by a registered nurse.			
A. Intensive Nursing Services			
1. observe and manage unstable medical conditions;			
2. provide intravenous, intramuscular, or subcutaneous injections;			
3. provide insertion, sterile irrigation, and replacement of catheters;			
4. provide nasogastric tube, gastrostomy, and jejunostomy feedings;			
5. provide naso-pharyngeal and tracheotomy aspirations;			
6. provide other skilled nursing services that may be safely done in the Adult Day Health program;			
7. provide nursing care management to support psychiatric treatment;			
<i>Comments on Intensive Nursing Services</i>			

Part VI: Level III Services			
Standard	Yes	No	N/A
Level III Psychosocial Services are provided by a person with a Master's degree in Social Work or Counseling and include:			
B. Intensive Psychosocial Services			
1. provide individual psychotherapy for persons suffering from mental health problems such as depression, anxiety, grief and loss issues;			
2. provide group psychotherapy for those with the above mentioned mental health concerns;			
3. provide alcohol/substance abuse counseling in conjunction with Alcoholics Anonymous, mental health professionals, and/or inpatient treatment, as necessary.			
Comments on Intensive Psychosocial Services			

Part VI: Level III Services			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
C. Intensive Occupational Therapy.			
Level III occupational therapy is provided by an occupational therapist in accordance with the occupational therapy assessment and interdisciplinary plan of care and may include services listed under Level II plus the following:			
1. evaluate the home for environmental barriers and recommend changes as needed to increase participant independence;			
2. provide restorative therapy when indicated:			
◇ training or retraining in ADLs;			
◇ training in work simplification techniques;			
◇ exercises and graded activities to improve strength and range of motion;			
◇ sensory stimulation techniques to minimize sensory deficits;			
◇ coordination of activities to promote increased manual dexterity;			
3. evaluate for and provide needed slings or splints to increase or maintain functional use of upper extremities;			
4. assist in obtaining wheelchairs;			
5. train other staff to lift, move, assist the participant.			
<i>Comments on Intensive Occupational Therapy</i>			

Part VII: Additional Rehabilitative Services			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
The program provides physical therapy and/or speech therapy services as additional rehabilitative services not required in these standards.			
A. Physical Therapy Services			
Physical therapy services are provided by ____ a physical therapist or ____ a rehabilitation aide or physical therapy assistant under the supervision of a physical therapist, either ____ directly or ____ by contractual arrangement. PT services are based on the PT assessment, interdisciplinary plan of care, and physician's orders. They are considered Level III services and include, but are not limited to, the following:			
1. assess participant's mobility level, strength, range of motion, endurance, balance, gait, ability to transfer, coordination, posture, and pain level;			
2. provide treatment to relieve pain and/or develop, restore, or maintain function;			
3. assist participant to maintain maximum performance using active or passive exercise, massage, heat, moist heat, ultrasound, hydrotherapy, and ice.			
4. establish a maintenance program and provide written and oral instructions to staff and the family/caregiver to assist participant with implementation;			
5. recommend adaptive or assistive devices;			
6. train other staff to lift, move, and assist the participant;			
7. evaluate the home for environmental barriers and recommend changes needed for greater participant independence;			
8. provide skilled rehabilitation services when indicated;			
9. assist in obtaining assistive ambulatory devices such as canes, walkers, crutches, wheelchairs, leg braces, and prosthetic devices;			
10. Provide PT procedures that include ambulation, gait training, active and passive exercise, orthotics training, prosthesis training, and neuromuscular re-education.			
<i>Comments on Physical Therapy Services</i>			

Part VII: Additional Rehabilitative Services			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
B. Speech Therapy			
As provided by a speech therapist, when indicated by the interdisciplinary team plan of care, the speech therapist's assessment, and physician's orders, speech therapy includes but is not limited to the following:			
a) establish a treatment program to improve communication ability and to correct disorders;			
b) provide written and oral instruction to center staff and family members in methods to assist the participant to improve speech disorders;			
c) provide speech therapy procedures that include:			
◇ auditory comprehension tasks			
◇ visual and/or reading comprehension tasks			
◇ language intelligibility tasks			
◇ training in the use of alternative communication devices			
d) provide swallowing assessment and treatment			
<i>Comments on Speech Therapy</i>			

Part VIII: Optional Services			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
The following services are not required by the Adult Day Health Standards and therefore may or may not be provided in the particular program being monitored in an assessment. All the optional services are included in this section, and monitors will check which are covered in any given assessment.			
Optional Services may be provided directly or through contractual arrangements by a program if appropriate for the center and needed by the participants. All optional services provided by the program will meet the following general standards:			
1. The provider meets state requirements for licensure or certification.			
2. Space for privacy is provided by the program.			
3. Special equipment is available when necessary—for example, dental chair and instruments.			
4. When services are provided at another location by contract, the program arranges transportation and escort services if needed.			
5. The provider documents all services in the participant's medical chart: signed and dated laboratory, radiological, and diagnostic services are entered in the participant's record whenever possible.			
A. Medical Services: provided by ____ a staff physician; or ____ participant's personal physician, either ____ directly or ____ indirectly.			
B. Dentistry			
If "yes," the dentist provides dental services which include, but are not limited to, examination, oral prophylaxis, and emergency dental care to relieve pain and infection.			
The dentist has developed and implemented written dental services and oral hygiene policies and procedures.			
C. Laboratory, Radiological, and Diagnostic Services			
If "yes," the program has established written policies to ensure that laboratory, radiological, and diagnostic services are as ordered by a physician.			
Policies indicate that findings from these services will be reported to the physician ordering the services, and that the program keeps a record of these findings.			

Part VIII: Optional Services			
Standard	Yes	No	N/A
D. Pharmacy — A pharmacist's services are received by the program to accomplish certain tasks outlined in the Standards.			
<p>If "yes," which of the following services have been provided:</p> <p>_____ The development and review of written policies and procedures regarding medication storage, distribution, recording, and disposal in the program facility.</p> <p>_____ The monitoring, at least quarterly, of the implementation of policies and procedures related to medication at the facility.</p> <p>_____ Furnishing the program administrator periodically a written report on the status of medication-related services.</p> <p>_____ Communicating directly with participants, pharmacies, attending physicians, and facility staff on an individual drug therapy</p>			
E. Psychiatric or Psychological Services			
<p>If "yes," which of the following services have been provided:</p> <p>_____ Assessments and reassessments as indicated by the interdisciplinary care plan.</p> <p>_____ Liaison with other members of the interdisciplinary team and with family members and referral sources that may yield information for psychiatric or psychological treatment.</p> <p>_____ Group counseling and techniques as indicated by a participant's need.</p> <p>_____ Consultation to staff about behavioral management, motivation strategies, and management of stressful situations such as death of a participant.</p> <p>_____ Supervise treatment plan implementation.</p>			
F. Podiatry			
<p>If "yes," the following services have been received:</p> <p>_____ Examination, diagnosis, and treatment as indicated by plan of care.</p> <p>_____ Consultation with adult day care center staff about foot care.</p>			

Part VIII: Optional Services			
Standard	Yes	No	N/A
G. Ophthalmology/Optometry			
If “yes,” the following services have been received: ____ Vision testing and eye examinations. ____ Prescription of treatment and/or vision aids. ____ Consultation with center staff.			
H. Audiology			
If “yes,” the following services have been provided: ____ An audiological evaluation. ____ Appropriate prescription for treatment, such as a hearing aid. ____ Consultation with center staff about working with hearing-impaired participants.			
I. Other			
If other services provided to the program are being monitored, please list below the services offered and how often:			
All the other services stated above that are offered in the program facility meet applicable state, local, and professional requirements.			
Comments on Optional Services			

Part IX: Staffing			
Standard	Yes	No	N/A
The staffing level of the program is sufficient to:			
1. Serve the number and functioning levels of program participants			
2. Meet program objectives			
3. Provide access to other community resources			
The staff/participant ratio is within the required minimum of one to six (1:6).			
All persons counted in the staff/participant ratio are those who provide direct service with participants.			
When more than one client is present, there are at least two staff members on the premises, one of whom directly supervises the participants.			
As the number of functionally impaired participants increases, the staff/participant ratio is adjusted.			
The recommended staff/participant ratio for programs serving a high percentage of functionally impaired participants is one to four (1:4).			
The program has a written policy for staff/participant ratios.			
To ensure adequate care and safety of participants, the program provides for qualified substitute staff.			
Volunteers are included in the staff ratio only when they			
◇ conform to the same standards and requirements as paid staff			
◇ meet the job qualification standards of the organization; and			
◇ have designated responsibilities			
A. Basic Requirements for All Staff			
Each staff member is competent, ethical, and qualified for the position held. References have been checked including a criminal background check and job histories verified for all staff and volunteers serving as staff.			

Part IX: Staffing			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
Each employee has had a tuberculosis screening within twelve (12) months prior to employment, and a copy of the report has been filed in personnel records within 30 days of employment. All volunteers have had tuberculosis screening. (Annual TB testing is recommended.)			
Staff and volunteers have signed a confidentiality agreement and hold all information about participants and families in confidence, treating all participants with respect and dignity.			
All direct service staff have been involved in developing each participant's plan of care and ongoing assessment, carrying out the objectives for the participant and performing other services as required.			
Staff members follow an established system of daily communication to ensure ongoing transmittal of pertinent information among staff.			
Staff responsibilities and functions cross professional disciplines, and the staff functions as a team for the benefit of the participants.			
<i>Comments on Basic Requirements for Staff</i>			

Part IX: Staffing			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
B. Staff Training and Evaluation			
All personnel, paid and volunteer, receive the following training and evaluation:			
1. General orientation, including but not limited to:			
a) purpose and goals of adult day care;			
b) roles and responsibilities of other staff members;			
c) behavior management techniques;			
d) health, Universal Precautions;			
e) information on fire and safety measures/codes;			
f) philosophy of the program and parent organization;			
g) confidentiality;			
h) interdisciplinary team approach;			
i) participant rights;			
j) needs of population served;			
k) center's policies and regulations;			
l) communication skills;			
m) review of basic terminology.			
2. A written probationary evaluation completed no later than <i>six months after employment</i> , signed by the employee.			
3. A written performance evaluation, <i>at least annually</i> , using a standardized format and involving a face-to-face meeting.			
4. Opportunities for participation in at least four in-service training sessions to enhance quality of care and job performance. At the time of employment and annually thereafter, each employee has received training in:			
a) needs of target population			
b) infection control			
c) fire. Safety, and disaster plan			
d) Heimlich maneuver			
e) body mechanics/transfer techniques			

Part IX: Staffing			
Standard	Yes	No	N/A
f) mandatory reporting laws of abuse/neglect			
g) CPR			
h) behavior management			
5. Opportunities for additional education, depending on the resources of the agency.			
Comments on Staff Training and Evaluation			

Part IX: Staffing			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
C. Staff Positions			
The program has the proper balance of professionals and paraprofessionals or non-professionals to meet the needs of participants.			
List below any staff now serving multiple functions:			
For Level I core programs, there is an administrator/program director and an activity coordinator on staff.			
Health care and social service personnel are ____ on staff, OR ____ consulting.			
Level II and III personnel delivering specialty services are ____ on staff, ____ contracting.			
1. The Administrator is responsible for the development, coordination, supervision, and fiscal control and evaluation of services provided through the adult day care program.			
The administrator has ____ a Master's degree and one year supervisory experience in health or social services (full time or equivalent) OR ____ a Bachelor's degree and two years supervisory experience in a social or health service setting.			
2. The Program Director has ____ a Bachelor's degree in health, social services, or a related field, with one year supervisory experience (full-time or equivalent) in a social or health service setting OR ____ a high school diploma and four years of experience in a health or social services field, of which two years must be supervision.			
For Level II and III services, the program director meets the minimum requirements as established by the Standards, a Bachelor's degree in health, social services, or a related field, with one year supervisory experience (full-time or equivalent) in a social or health service setting.			
3. The Social Worker has ____ a Master's degree in social work and at least one year of professional work experience (full-time or equivalent) OR ____ a Bachelor's degree in social work and two years experience in a human service field OR ____ position is filled by another (describe).			

Part IX: Staffing			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
4. The Registered Nurse has valid state credentials and a minimum of one year applicable experience (full-time equivalent).			
5. The Licensed Practical Nurse has valid state credentials and a minimum of one year applicable experience (full-time equivalent).			
6. The Activities Coordinator has ____ a Bachelor's degree in recreational therapy or a related field and one year of experience (full-time equivalent) in social or health services; OR ____ an Associate degree in recreational therapy or a related field plus two years of appropriate experience.			
7. The Certified Occupational Therapy Assistant (COTA) , or rehabilitation aide , is certified with valid state credentials and a minimum of one year applicable experience (full time equivalent).			
8. The Nursing Assistant/Certified (NAC) is certified with valid state credentials and a minimum of one year applicable experience (full-time equivalent).			
9. The Program Assistant/Aide/Personal Care Aide has one or more years of experience working with adults in a health care or social service setting.			
10. Therapists —Physical therapists, occupational therapists, speech therapists, recreation therapists, mental health therapists, or any other therapists, have valid state credentials and one year of experience in a social or health setting.			
11. Consultants provide services as needed in order to supplement professional staff and enhance the program's quality.			
12. The Secretary/Bookkeeper has at least a high school diploma or equivalent and skills and training to carry out the duties of the position.			
13. The Driver has a valid and appropriate state driver's license, a safe driving record, and training in first aid and CPR (cardiopulmonary resuscitation). The driver meets any state requirements for licensure or certification.			

Part IX: Staffing			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
14. Volunteers are individuals or groups who desire to work with adult day care participants and take part in program orientation and training. The duties of volunteers are mutually determined by volunteers and staff. Duties, to be performed under the supervision of a staff member, either supplement staff in established activities or provide additional services for which the volunteer has special talents.			
<i>Comments on Staff Positions</i>			

Part X: Facility			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
A. Location			
Selection of a site for a center is based on information about potential participants in its service areas and is made in consultation with:			
◇ other agencies, organizations, and institutions serving older individuals;			
◇ those with functional impairments; and			
◇ considered availability of a suitable site.			
<i>Comments on Location</i>			

Part X: Facility			
Standard	Yes	No	N/A
B. Space The facility complies with applicable state and local building regulations and zoning, fire, and health codes or ordinances.			
The facility ____ is located on the street level; ____ is not at street level, but has a ____ ramp, ____ elevator. An evacuation plan for relocation of participants is in place in the event of an emergency.			
The facility is co-located in a building housing other services and has its own separate identifiable space for main activity areas during operational hours. Certain space is shared. Yes ____ No _____. Identify space that is shared:			
The facility has sufficient space to accommodate the full range of program activities and services.			
The facility provides at least sixty (60) square feet of program space for multi-purpose use for each day care participant. NOTE: In determining adequate square footage, only those activity areas commonly used by participants are included. Dining and kitchen areas are included only if those areas are used by participants for activities other than meals. Reception areas, storage area, offices, restrooms, passageways, treatment rooms, service areas, or specialized spaces used only for therapies are not included when calculating square footage.			
The facility is adaptable to accommodate activity variations(group and/or individual) and services.			
The program offers space essential for services and for protection of the privacy of the participants.			
There is sufficient private space to permit staff to work effectively without interruption.			
There is sufficient space for private discussions			
Separate restrooms and eating areas for staff are recommended.			
There is adequate storage space for program and operating supplies.			

Part X: Facility			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
The facility's restrooms are as near the activity area as possible (preferably no more than forty (40) feet away).			
There is at least one toilet for each ten (10) participants.			
The toilet is equipped for use by mobility-limited persons, easily accessible from all program areas, and one or two of the toilet areas are designed to allow assistance from one or two staff.			
Accessible showers for the handicapped are recommended.			
Each bathroom contains an adequate supply of soap, toilet tissues, and paper towels. Common towels are not used.			
In addition to space for program activities, the facility has a rest area and designated areas for privacy and to isolate participants who become ill or disruptive or may require rest. It is located away from activity areas and near a restroom and the nurse's office.			
For each ten (10) participants, there is at least one bed or couch which can be used for resting or for isolation of a participant who is ill or suspected of coming down with a communicable disease.			
When beds are used, the mattresses are protected and linen changed after each separate use.			
A loading zone with sufficient space for getting on and off a vehicle is available for the safe arrival and departure of participants.			
Sufficient parking is recommended to accommodate family caregivers, visitors, and staff, and, when appropriate, adequately lighted.			
<i>Comments on Space</i>			

Part X: Facility			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
C. Atmosphere and Design			
The design facilitates the participants' movement throughout the facility and encourages involvement in activities and services.			
The environment reinforces orientation and awareness of the surroundings by providing cues and information about specific rooms, locations, and functions that help the participant to be oriented to time and space. Recommended cues include the extensive use of signs and color-coding of specific areas.			
The facility is architecturally designed to conform with the requirements of Sections 504 of the Rehabilitation Act of 1973 to accommodate handicapped persons and to comply with any state and local barrier-free requirements and/or the Americans with Disabilities Act.			
Glare-free illumination is provided in all areas.			
Attention is paid to lighting in transitional areas such as outside to inside and in different areas of the facility.			
Sound transmission is controlled. Excessive noise, such as fan noise, is avoided.			
A draft-free, uniformly comfortable temperature range is maintained throughout the center.			
Sufficient furnishings that are attractive, comfortable, sturdy and safe accommodate the needs of the entire participant population. Straight-backed chairs with arms are used during activities and meals.			
The Adult Day Health care facility is visible and recognizable as a part of the community, appealing and protective to participants and others. The entrance is clearly identified.			
Arrangements have been made with local authorities to provide safety zones for those arriving by motor vehicle, and there are adequate traffic signals for people entering and exiting the facility.			
A telephone is available for participants.			

Part X: Facility			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
<i>Comments on Atmosphere and Design</i>			

Part X: Facility			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
D. Safety and Sanitation			
The facility and grounds are safe, clean, and accessible to all who participate.			
The facility is designed, constructed, and maintained in compliance with all applicable local, state, and federal health and safety regulations.			
There is an area for labeled medications, secured and stored apart from participant activity areas. Medications requiring refrigeration—if not in their own refrigerator—are stored in a locked box in the general-use refrigerator.			
Safe and sanitary handling, storing, preparation, and serving of food is assured. If meals are prepared on the premises, kitchen appliances, food preparation area, and equipment meet state and local requirements.			
Toxic substances, whether for activities or cleaning, are not accessible to participants. The substances are clearly marked, the contents identified, and stored in original containers.			
At least two well-identified exits are available. Non-slip surfaces or bacteria-resistant carpets are provided on stairs, ramps, and interior floors.			
Alarm/warning systems are in place to insure the safety of the participants and to alert staff to potentially dangerous situations. (Call bells are recommended in the rest areas, restroom stalls, and showers.)			
An evacuation plan is strategically posted.			
The facility is free of hazards such as high steps, steep grades, and exposed electrical cords.			
Steps and curbs are painted and the edges of stairs marked appropriately to highlight them.			
All stairs, curb cuts, ramps, and bathrooms accessible to the handicapped are equipped with properly anchored handrails.)			
Procedures for fire safety as approved by the local fire authority are adopted and posted, including provisions for fire drills, inspection and maintenance of fire extinguishers, periodic inspection, and training by fire department personnel.			

Part X: Facility			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
The program conducts and documents quarterly fire drills and keeps reports of drills on file.			
Improvements shall be made on the basis of the fire drill evaluation, and smoke-detectors are also in place.			
Emergency first-aid kits are visible and accessible to staff. Contents of kits are replenished after use and reviewed as needed.			
A nurse or personnel trained in first-aid and CPR is on duty whenever participants are present.			
Infection control procedures, as delineated in Center for Disease Control standards, are followed by all staff.			
All staff are trained in and use Universal Precautions.			
There are sufficient maintenance and housekeeping personnel to assure that the facility is clean, sanitary, and safe at all times.			
Maintenance and housekeeping is carried out on a regular schedule and in conformity with generally accepted sanitation standards, without interfering with the program.			
Use of insecticide is scheduled at times when participants are not in the center, in consideration for participants' respiratory problems.			
A sufficient budget is provided for equipment maintenance, repair, or replacement.			
When smoking is permitted, an adequately ventilated special area away from the main program area is provided and supervised.			
<i>Comments on Safety and Sanitation</i>			

Part XI: Evaluation			
Standard	Yes	No	N/A
Evaluations include:			
◇ an analysis of data collected			
◇ a comparison of the planned expectations and actual achievements, based on prevailing community standards of care.			
The evaluation process selected by the agency examines the adult day care program on three levels:			
◇ the participant/caregiver/staff level			
◇ the agency-program level			
◇ the community level			
The Adult Day Health care program has a written plan for the evaluation of its operation and services. The program's goals and objectives are reviewed at least annually. The plan shall include:			
1. The purpose and reason for the evaluation.			
2. The timetable for initiating and completing the evaluation.			
3. The parties to be involved.			
4. The areas that will be addressed.			
5. The methods to be used in conducting the evaluation.			
6. How the information will be used once it is completed, and with whom it will be shared.			
Program evaluation focuses on both quality assurance and operational components. These are the measurable indicators that have been reviewed.			
A. Quality Improvement Measures			
Quality improvement considerations routinely address and measure the impact of the program on the participants, caregivers, and the community to determine that the program meets their needs. These include:			
1. Participant and/or family satisfaction with service and evaluation as part of an exit survey.			
2. Data collected from the grievance procedure and incident reports.			

Part XI: Evaluation			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
3. Ongoing care plan review and evaluation and random review of records.			
A written report of quality improvement measures, plans of action, and/or correction is made at regular intervals and shared with the governing body and/or advisory committee.			
<i>Comments on Quality Improvement Measures</i>			

Part XI: Evaluation			
<i>Standard</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
B. Operational Component Measures			
Fiscal — The fiscal system and fiscal plan have been evaluated in comparison to the standards in this document and those of the governing body.			
Facility — The facility has been evaluated in comparison to the standards in this document and a plan developed to address needs regarding location and space, atmosphere and design, safety and sanitation, and comfort.			
Records and Data — The program has established a record-keeping system in accordance with external state licensing/certification/funding requirements, ongoing internal management needs of the program, meets internal program goals for client services, and supports service delivery. Each record-keeping system has been evaluated according to the standards in this document and those of the governing body			
Services — Services provided have been evaluated in comparison to the standards in this document with particular emphasis on the level and intensity of services in relation to participant needs.			
Personnel — Personnel policies and records have been evaluated according to the standards in this document and those of the governing body.			
Marketing — Marketing objectives and the tools and techniques used in marketing have been evaluated as a component part of strategic planning. Marketing has been evaluated in relation to community image (including potential referral sources and consumer groups), and the census of the program (the number of people served and the target population).			
Administration — The authority structure, including Board of Directors, administration, and federal/state/local government, have been evaluated in terms of its relationship to the goals of the program.			
Comments on Operational Component Measures			